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CONFIRMATION NO. 2276

<b>SERIAL NUMBER</b> 10/553,143	<b>FILING OR 371(c) DATE</b> 10/13/2006 <b>RULE</b>	<b>CLASS</b> 606	<b>GROUP ART UNIT</b> 3775	<b>ATTORNEY DOCKET NO.</b>	
<b>APPLICANTS</b> Doris Hjorth Hansen, Chiaverano, ITALY; <b>** CONTINUING DATA *****</b> This application is a 371 of PCT/IB04/01114 04/13/2004 <b>** FOREIGN APPLICATIONS *****</b> UNITED KINGDOM 0308647.7 04/15/2003 <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 11/28/2006					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> ITALY	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 7	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> AIR MAIL DORIS H. HANSEN CASALE NASSIO SOPRA 15 1-10010 CHIAVERANO, ITALY, DENMARK					
<b>TITLE</b> Suture band					
<b>FILING FEE RECEIVED</b> 695	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		